

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/631022
APPLICANT(S)

FILING DATE
07/29/03

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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TOTAL IND.	6		6		8	
TOTAL DEP.	69		69		59	

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. 1 TOTAL 1

69 69 69